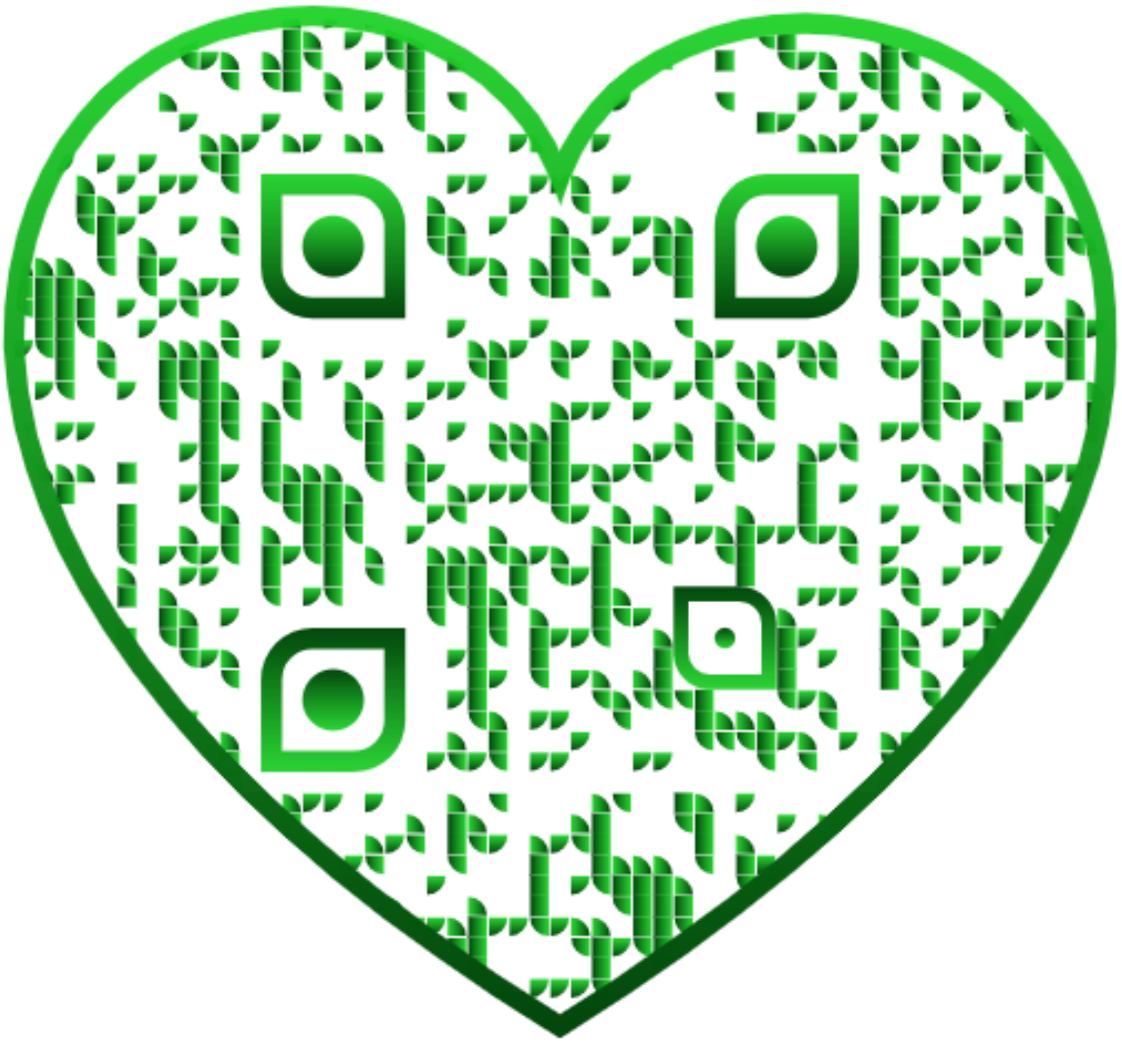
ENT Instruments

DR. SAAD Y. SULAIMAN

NINEVAH COLLEGE OF MEDICINE



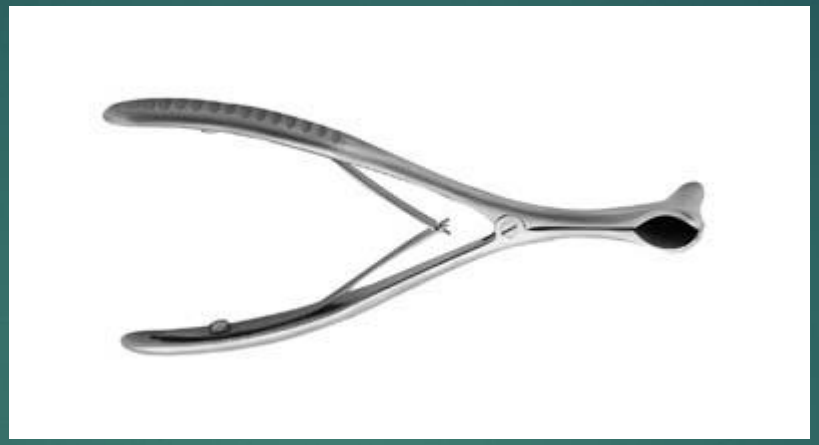
ENT head mirror
Reflect the light from the light source to see dark cavities of the ear and mouth

Bull Lamp

This lamp focus the light toward the head mirror. Its position must be above the left shoulder of the patient.

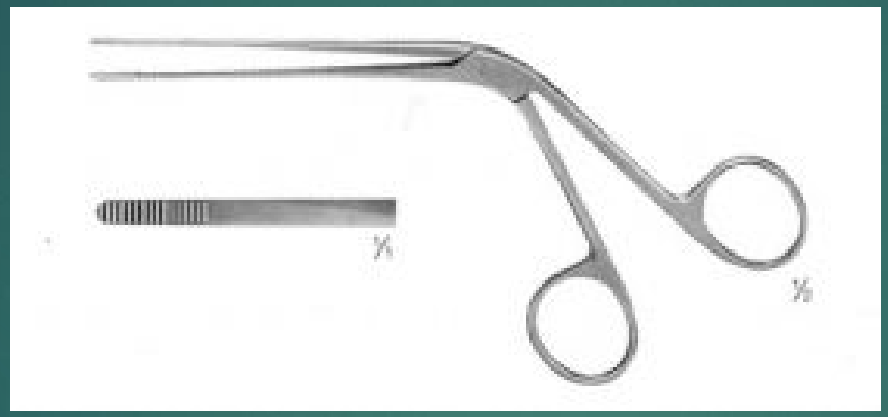
Jinyang
JINTAN JINYANG
SZ Wholesale Center
Connecting Buyers with Suppliers

Head Light



Killian nasal speculum : used for anterior rhinoscopy

Thudicum nasal speculum: used for anterior rhinoscopy

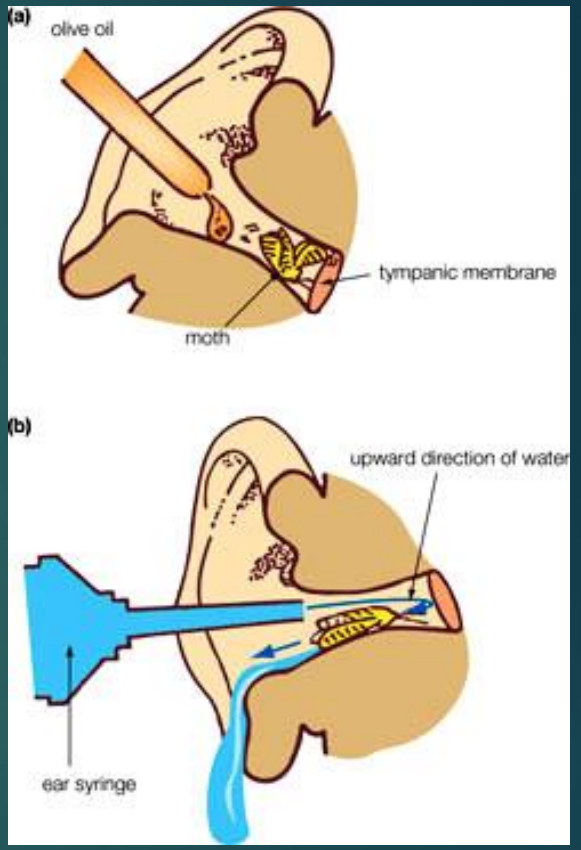


Tilly nasal dressing forceps
1-nasal packing in case of epistaxis or after syrgery
2-removal of F.B. in from the throat specially fish bone
3-biopsy

Aural speculum

قExamination of external ear(with head light or mirror)+pinna is pushed upward,outward and backward

Auroscope (otoscope)
1-examinationo of external auditory meatus
2-examination of tympanic membraine
3-anterior rhinoscopy in children



Ear (Aural) Syringe

preparation:aural drops(5%sodium bicarbonte in 30%glycerine) or olive oil in case of hard wax

-water at the T of the body is used.

Indication:...1-wax removal . 2-hard F.B removal 3-removal of otomycotic debris

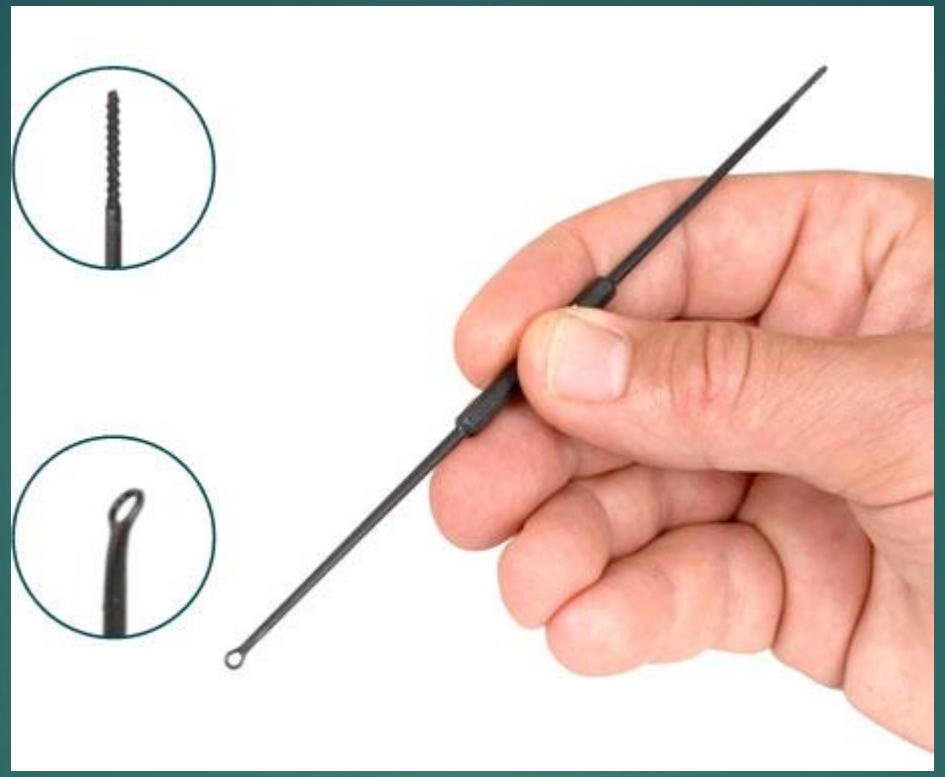
Contraindication:1-ORGANIC F.B.

2-WOUND IN EXTRNAL EAR

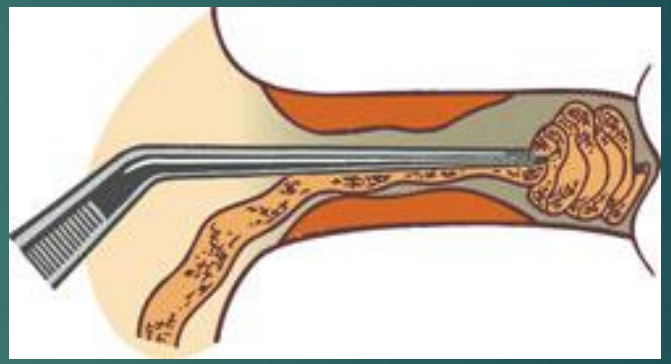
3-PERFORATION OF TYMPANIC MEMBRANE

4-DISK BATTERY(CONTAIN KOH)

Complication:1-truama to external auditory canal.2-perforation of T.M.

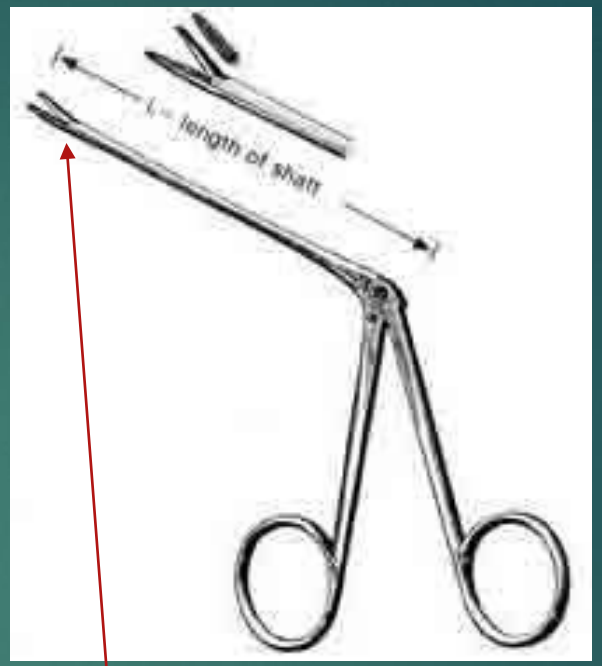


Jobson horne probe
1-serrated end:by rolling cotton on to it , it is used for mobbing
2-ring end : removal of wax , F.B , otomycotic debris and discharge from ear+putting substances inside nose like silver nitrate



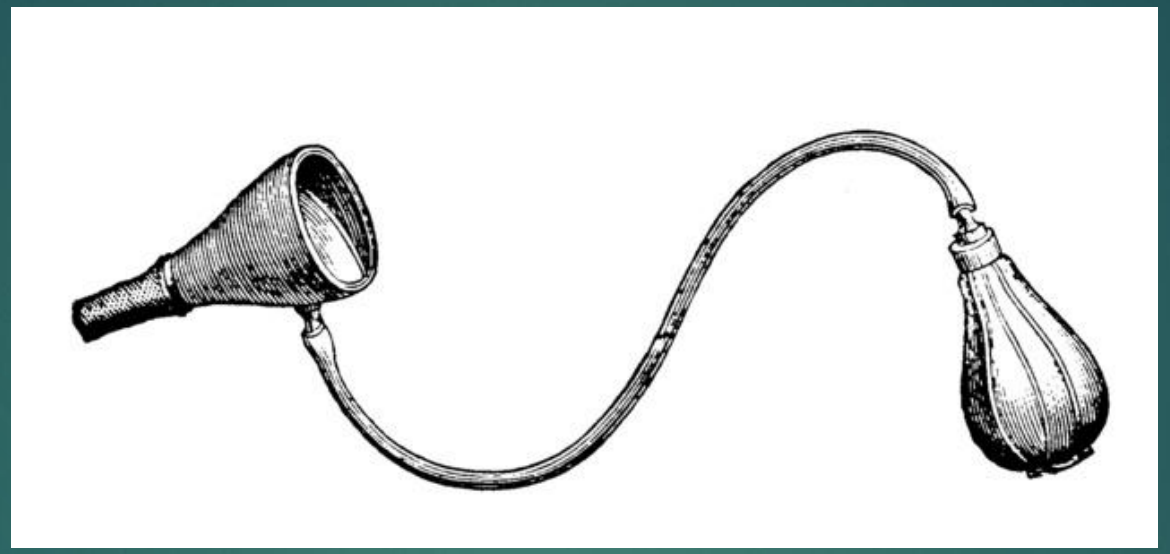
Aural Dressing Forceps:

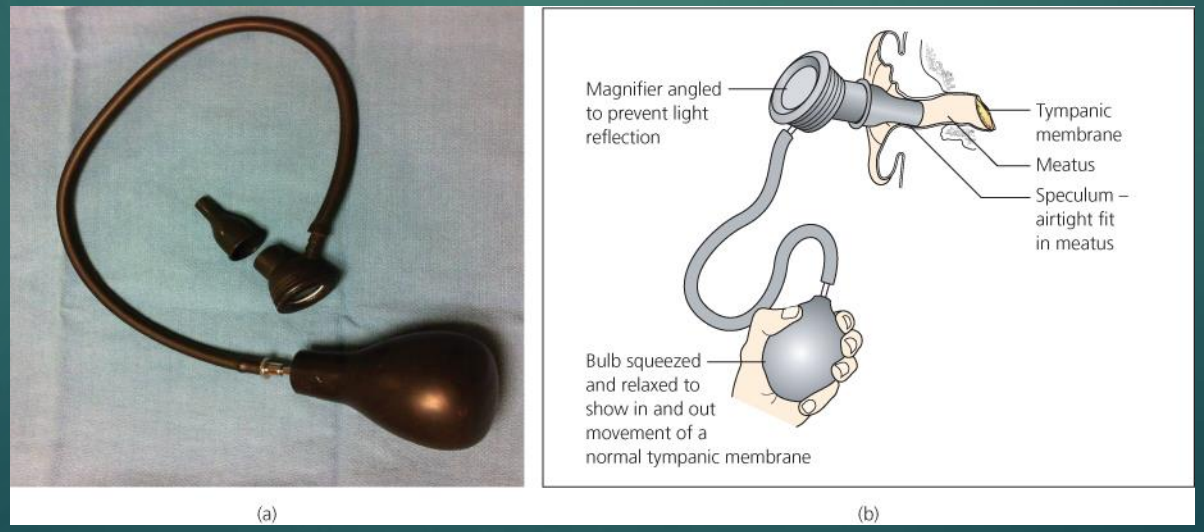
the joint is proximal. It is used for insertion of wick inside the ear (ear dressing) in cases of otitis externa and during ear surgery.



Crocodile ear forceps : note that the joint is distal. It can be introduced through the aural speculum and used for removal of certain types of foreign bodies and biopsy.+packing+narrowing space of ear

Seigle pneumatic speculum




Magnifier angled to prevent light reflection
Tympanic membrane
Meatus
Speculum – airtight fit in meatus
Bulb squeezed and relaxed to show in and out movement of a normal tympanic membrane
(a)
(b)

Used to assess the mobility and integrity of tympanic membrane

Tuning Fork

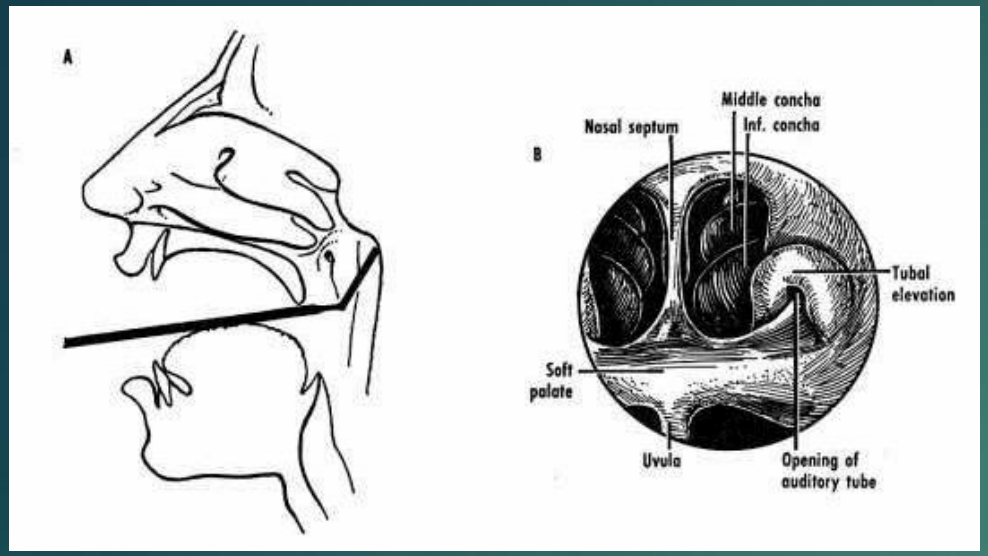
DETECTION OF HEARING LOSS AND HELP TO DIFERENTIATE BETWEEN CONDUCTIVE AND SENSORINEURAL HEARINH LOSS

Q/MENTION 2 TESTS USED IT?

1-WEBER TEST

2-RINNE TEST

Tongue depressors: used for examination of oral cavity and oropharynx AND USED with nasopharyngeal mirror to examin nasopharynx

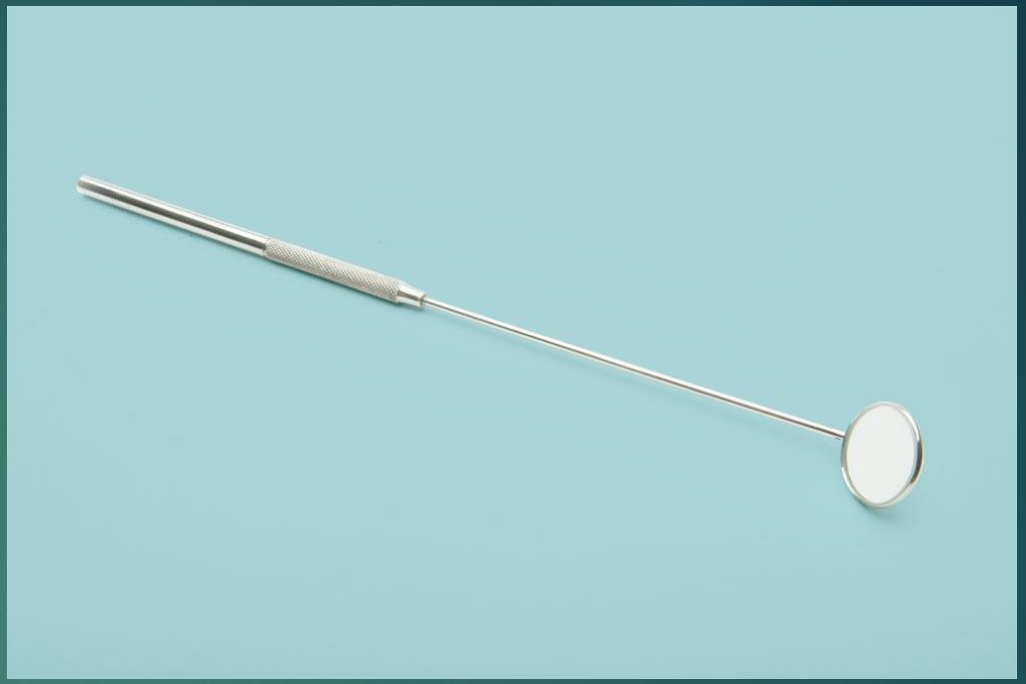


Nasopharyngeal Mirror:

Steps:1-warming of the mirror to avoid fogging.3- introduced behind the soft palate to reflect the image of nasopharynx.2- The tongue is depressed by tongue depressor. This procedure is called posterior rhinoscopy

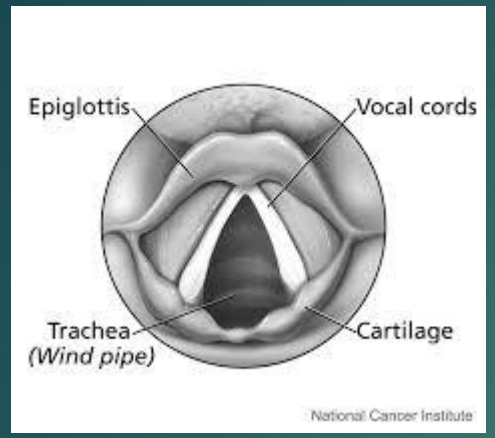
(it is used for posterior rhinoscopy)

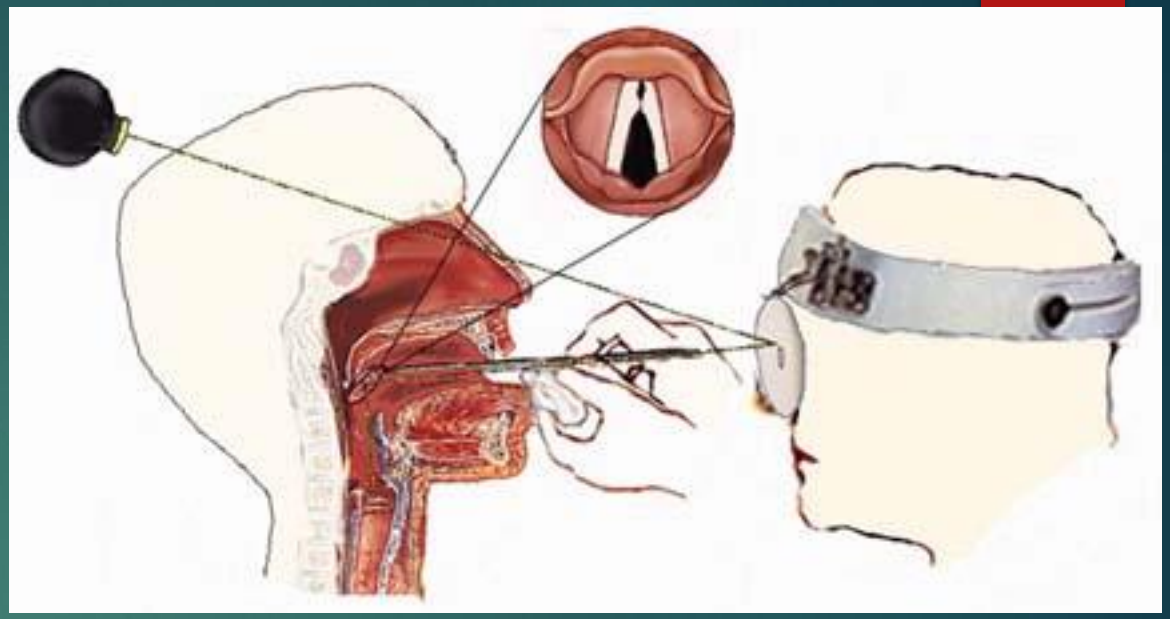
Laryngeal Mirror

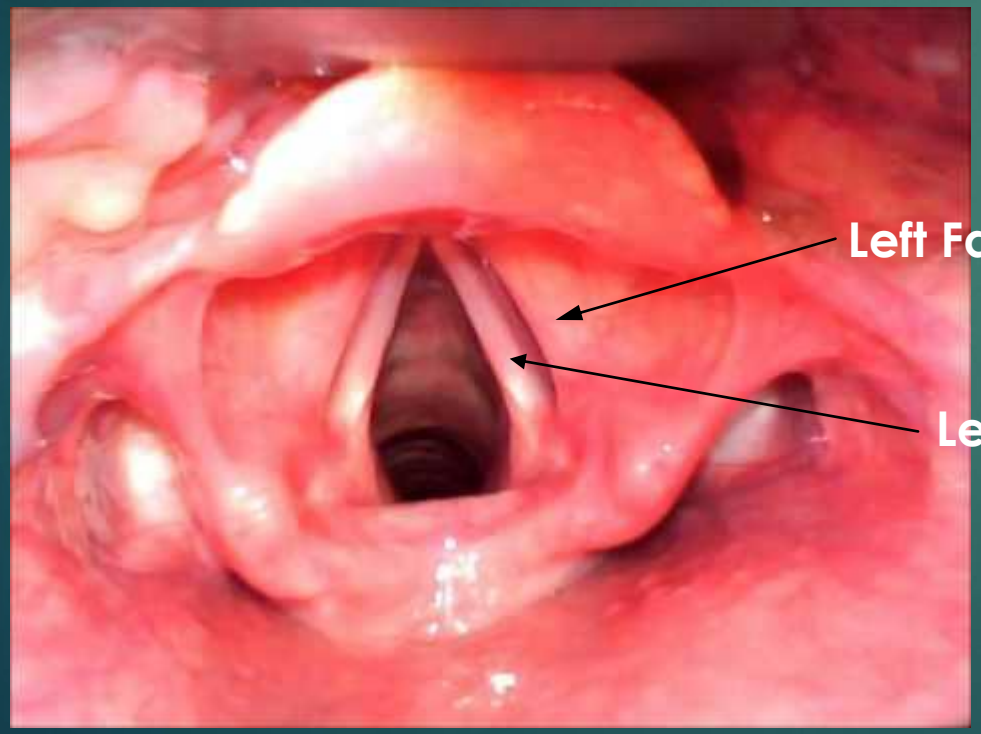


Laryngeal Mirror: used for indirect larygoscopy. The structures that can be visualized by the mirror are, the base of the tongue, the vallecula, the epiglottis, the false vocal cords and the true vocal cords.ask to say eeee

Indirect laryngoscopy is done after 1-warming the mirror (to avoid fogging) and after 2-pulling the tongue by a piece of gauze. 3-insertion of the mirror 4- direct light 5- ask the patent to say eeee and watch focal cords.


Epiglottis
Vocal cords
Trachea
(Wind pipe)
Cartilage
National Cancer Institute

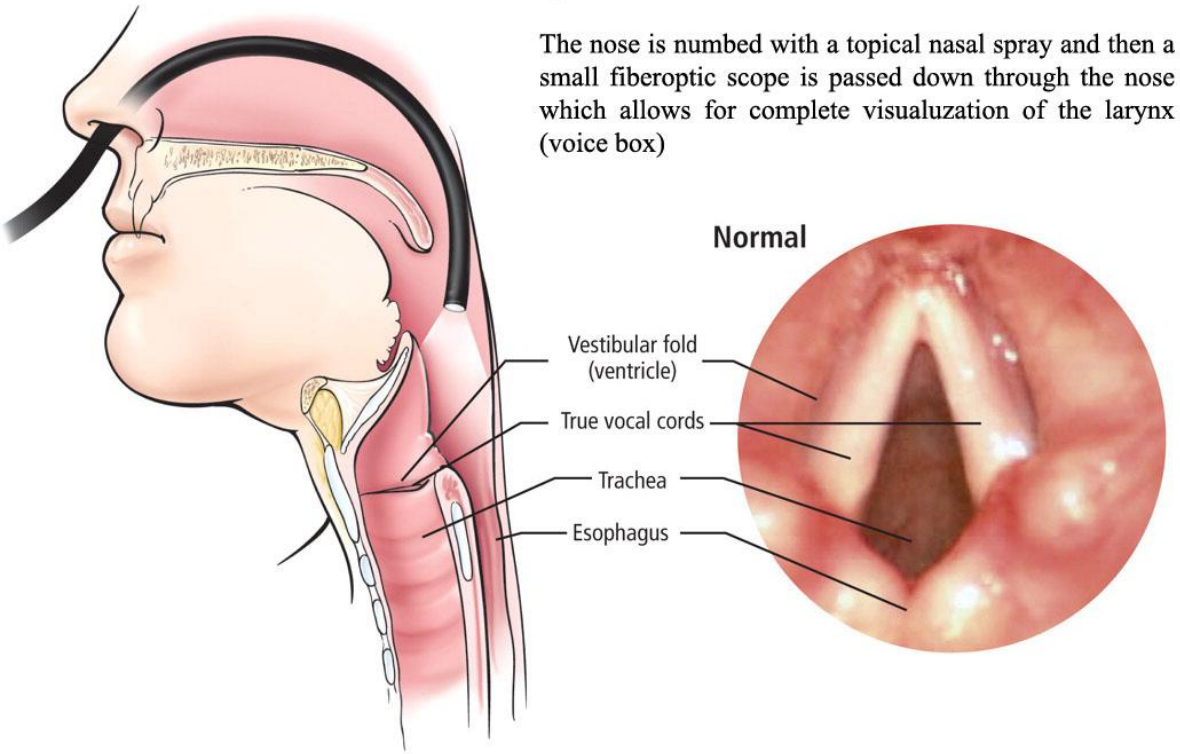



Left False vocal cord
Left True vocal cord

For checking of vocal cord mobility ask the patient to say EEE
FIXED FOCAL CORD causes:
1-injury to recuurent laryngeal nerves or superior laryngeal nerves during nick or chest surgry
2-stroke
3-nick trauma
4-laryngeal trauma
5-laryngeal tumors

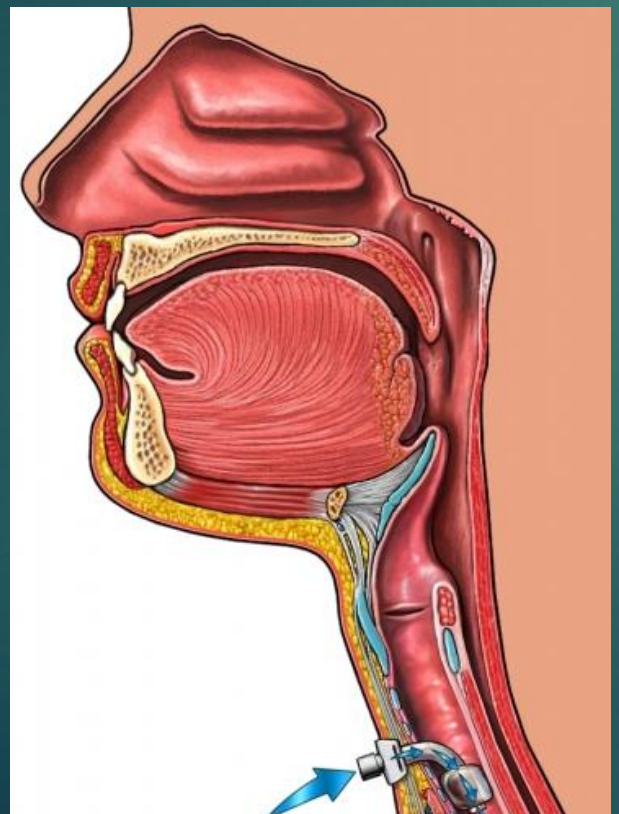
Flexible Fiberoptic Laryngoscopy

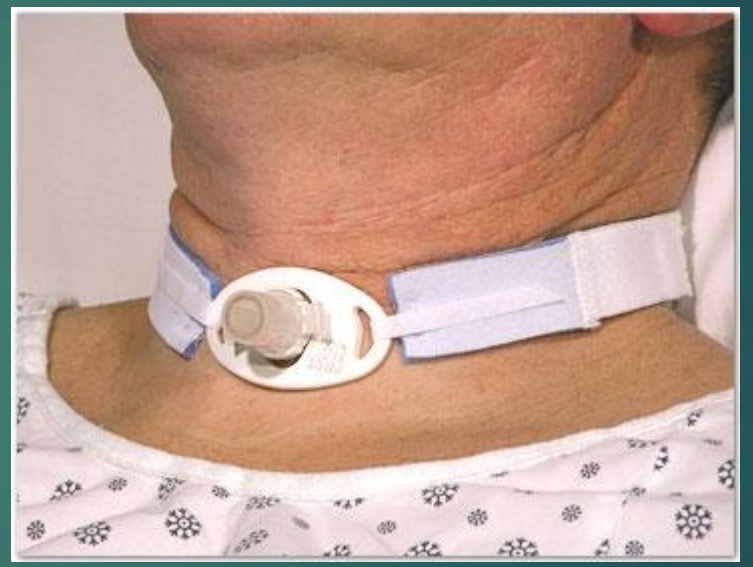
The nose is numbed with a topical nasal spray and then a small fiberoptic scope is passed down through the nose which allows for complete visualuzation of the larynx (voice box)



Tracheostomy

INDICATION:1-SEVERE FACIAL TRAUMA,2-NECK CANCERS.3-ACUTE ANGIOEDEMA
MAIN COMPLICATION: HOLE OBSTRUCTION.
Site:cricotheroid membrane
c.i.:laryngeal disruption. 2-obstruction of laryngotracheal lumen .3-midface fractures .4-cervical spines instability.





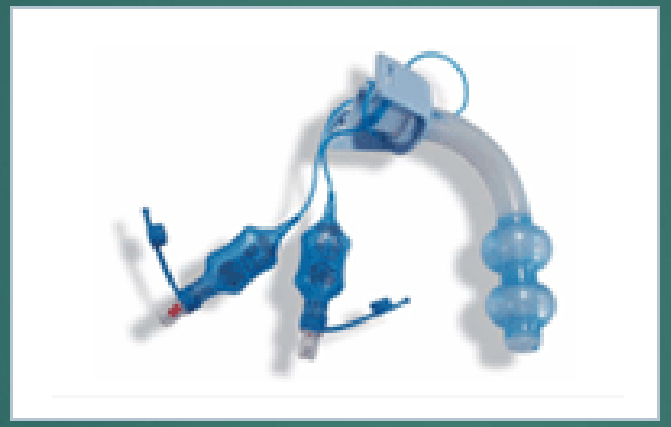
Tracheostomy Tubes

Silver Jackson tube
C.I:1-RADIATION. 2-MRI
الاوبتريتر نخلي داخل الاوتر تيوب اثناء البروسيجر حتى نمنع دخول الدم والانسجة للاوتر تيوب وبعدين انشيله(مثل الكانيولا) ونخلي الاينر تيوب بداله , اذا اختنك المريض باي وقت بس طلع الاينر تيوب ونضفه ورجعه راح يرجع المريض تمام

Portex Tracheostomy tube

*CUFF:PREVENT PASSAGE OF BODY SECERTION TO TRACHEA

Single cuff
IF USED FOR
SHORT PERIOD



Double cuff
IF USED FOR LONG
PERIOD

Non cuffed
IF
TEMPORARYLY
USED

سئل حكيم كيف تعرف من يحبك ؟ فقال:
من يحمل همي . . ويسأل عني . . ولاّ يمل مني .
ويغفر زلتي . .ويذكرني بربي . . هو من يحبني